

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 600429	RECEIPT DATE:	07 / 12 / 00
IA NUMBER:	PCT/ JF99 / 07281	IA FILING DATE:	12 / 24 / 99
FAMILY NAME:	KURITA	DELAY WAIVED (Y/N):	N
GIVEN NAME:	SHIGETAKA	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 28 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	9683/69	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
NAME:	BRINK SHOFR GILSON & LIONE	FAX	
STREET:	PO BOX 10395		
CITY:	CHICAGO		
STATE/COUNTRY:	IL	ZIP:	60610
EMAIL:			
APPLICATION TITLES:			
COMMUNICATION CONTROL METHOD, COMMUNICATION METHOD, SERVER APPARATUS,			
TERMINAL DEVICE, RELAY APPARATUS AND COMMUNICATION SYSTEM			

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/600,429	<b>FILING DATE</b> 07/12/2000 <b>RULE</b> -	<b>CLASS</b> 109	<b>GROUP ART UNIT</b> 2755	<b>ATTORNEY DOCKET NO.</b> 9683/69
<b>APPLICANTS</b> Shigetaka Kurita, Saitama, JAPAN; Norihiko Hirose, Tokyo, JAPAN; Masaharu Nakatsuchi, Kanagawa, JAPAN; Keizaburo Sasaki, Kanagawa, JAPAN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP99/07281 12/24/1999 ✓				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN HEI 10-374627 12/28/1998 ✓				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/20/2000</b> -				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 12
<b>ADDRESS</b> Brinks Hofer Gilson & Lione PO Box 10395 Chicago ,IL 60610				
<b>TITLE</b> Communication control system, communication method, server device, terminal, relay device, and communication system				
<b>FILING FEE RECEIVED</b> 1964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	